U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Hoover
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	O DIRON

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/04 Through: 12/31/04		
. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Gary S Mullen	Name BAC Local 15 MO/KS		
	Labor Organization File Number 54/1494		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2901 W. 124th Terr.	Street 2020 Wyandotte		
Leawood Leawood	city Kansas City		
State Kansas ZIP Code + 4 6620	9 State MO ZIP Code + 4 64/08		
Position in labor organization.	nt/Secretary-Treasurer		
	our spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):		
Held an interest in, engaged in transactions (including loans) w	with, or derived income or other economic benefit of		
onetary value from an employer whose employees your orga	anization represents or is actively seeking to represent.		
	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).			
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Name and address of Employer (including trade name, if any). lame rade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
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Name and address of Employer (including trade name, if any). lame rade Name, if any: 2.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name Prade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature		
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City 15. Signature and verification. The undersigned declares, under persubmitted in this report (including the information contained in any aco	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the		
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 15. Signature and verification. The undersigned declares, under per	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the		
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City 15. Signature and verification. The undersigned declares, under persubmitted in this report (including the information contained in any aco	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Gary S. Mull	Y) File	le Number U - 24	27
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Prufurual Health Professional Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12920 Metalls City Overland Park State LS ZIP Code +4 66213	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BAC Local Union#15Health & Will Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. My Journament Ed Junch		
street 6405 Metcalf, Stute 200	11.b. Approximate dollar value of	of such dealing.	80.00
City Overland Park	12.a. Nature of interest held or	r income received.	
State KS ZIP Code + 4 66202	No	ne	
	12.b. Amount.		
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
right			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			

14.b. Amount of payment.

ZIP Code + 4

or Consultant

13.b. Is the Business an Employer

City

State

B. Held an interest in or derived income or economic benefit with mondary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer shore organization bids organization bids organization and which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer bids organization or with a trust in which your labor organization is interested. (3) any part of which consists final during trade name, it any. Name	Name of Person Filing	File Number U- 2427
Name MarMall & Clusly Trust (o.	substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or income.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
10. If 9.D. or 9.C. is checked give trust of employer's name. Name Bruchlayy Stratt thurn #15 lemintum Trade Name, if any: P.O. Box, Bidg., Room No., if any Street G405 Mutray Jt 200 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Nature of payment. 14.a. Nature of payment. 14.b. Amount of payment.	Name Mawhall & Clisby Trust Co. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4111 Grand St. City Kaman Cuty	a. Labor Organization b. Trust c. Employer
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	Name Bruchlayer focal Union #15 Remainstrate Name, if any: P.O. Box, Bldg., Room No., if any Street 6405 Metraly Ste 200 City Overland Park	Baseball game & Buffet Lunch 11.b. Approximate dollar value of such dealing. 40.—
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 14.b. Amount of payment.		12.b. Amount.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.a. Nature of payment.	C. Received from any employer (other than an employer covered und	der parts A and B above) y or other thing of value.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	13.a. Name and address of Employer or Labor Relations Consultant	
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	Name	
Street City State ZIP Code + 4 14.b. Amount of payment.	Trade Name, if any:	
	Street	
1 Mary 14 tips recognized Oil Elliphytol	13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.